

# NOTICE OF ACTION CHILD CARE CHANGE

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

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As of \_\_\_\_\_ until \_\_\_\_\_:

- ☐ The county has changed the payment amount for child care from \$\_\_\_\_\_ per \_\_\_\_\_ to \$\_\_\_\_\_ per \_\_\_\_\_.
- ☐ The county has changed your payment method for  
☐ Cal-Learn ☐ CalWorks child care from \_\_\_\_\_ to \_\_\_\_\_.
- ☐ Your child care provider has changed. Your ☐ Cal-Learn ☐ CalWorks child care at \_\_\_\_\_ has been paid through \_\_\_\_\_. Payment for \_\_\_\_\_ starts after that date.

## HERE'S WHY:

- ☐ Your child care rate changed  
☐ Your child care provider changed.  
☐ Your child's age has changed.  
☐ Your child care hours changed.  
☐ The State of California changed payment limits.  
☐ You asked for this change.  
☐ Other:

Your new child care payment amount is figured on this notice.

The county will only pay child care for the hours and days you are attending your approved activity/program. The county will only pay for child care services to providers that are registered with Trustline or are exempt from Trustline registration.

If you have selected a new provider the is required to register with Trustline, this provider is not eligible for payment until they are registered with Trustline. As of February 1, 2008, license-exempt child care providers who are required to be Trustline registered shall be entitled to receive retroactive payment for up to 120 calendar days from the date child care services were requested and provided if the provider subsequently becomes Trustline registered.

**Rules:** These rules apply. You may review them at your welfare office: CalWORKs MPP Sections 47-260, 47-430.2, 47-620.32; Welfare and Institutions Code Sections 11322.9, 11323.6, 11323.4, 11323.8.

Education Code Sections 8350-8353, 8357

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): \_\_\_\_\_

\$\_\_\_\_\_ rate

X \_\_\_\_\_ hours ☐ days ☐ weeks ☐ month

= \$\_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$\_\_\_\_\_ rate

X \_\_\_\_\_ hours ☐ days ☐ weeks ☐ month

= \$\_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$\_\_\_\_\_ rate

X \_\_\_\_\_ hours ☐ days ☐ weeks ☐ month

= \$\_\_\_\_\_ per \_\_\_\_\_

Provider name: \_\_\_\_\_

Child care for children not listed here stays the same.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE